



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

For: HEURISTICALLY ASSISTED USER
INTERFACE FOR A WIRELESS
COMMUNICATION DEVICE

Art Unit: 2682

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

Christopher P. Marshall
Name of Person Mailing Correspondence
C.P. Marshall 5/1/2003
Signature Date

REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER

To assist in the management of this case, Applicant requests a change of attorney docket

number for the above-referenced patent application. Please change attorney docket number:

PHCM.P0026

3399P115

Please correct your records to reflect the above information.

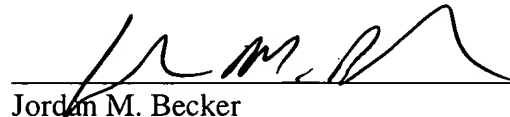
No fee is believed to be due. However, if the PTO believes otherwise please charge deposit account 02-2666 any additional charges that may be due. If you have any questions please contact the undersigned.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Dated: _____

5/1/03



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Attorney's Docket No.: 3399P115

Patent

In re the Application of: Craig William Payne, et al.
(inventor(s))

**AMENDMENT UNDER
37 C.F.R. § 1.116
EXPEDITED PROCEDURE**

Application No.: 09/594,302

EXAMINING GROUP 2682

Filed: June 14, 2000

For: HEURISTICALLY ASSISTED USER INTERFACE FOR A WIRELESS COMMUNICATION
DEVICE

(title)

Mail Stop AF
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

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MAY 08 2003

Technology Center 2600

SIR: Transmitted herewith is an **Amendment After Final Action** for the above-referenced application.

_____ Applicant claims small entity status. See 37 CFR 1.27.

_____ No additional fee is required.

_____ **A Notice of Appeal is enclosed.**

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra
Total Claims	* 58	Minus	** 55	3
Indep. Claims	* 3	Minus	*** 3	0
<input type="checkbox"/>	First Presentation of Multiple Dependent Claim(s)			

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

SMALL ENTITY

Rate	Additional Fee
X9	\$
X42	\$
+140	\$
Total Add. Fee	\$

**OTHER THAN A
SMALL ENTITY**

Rate	Additional Fee
X18	\$ 54.00
X84	\$
+280	\$
Total Add. Fee	\$ 54.00

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

on May 1, 2003
Date of Deposit

Christopher P. Marshall

Name of Person Mailing Correspondence

C.P. Marshall
Signature

5/1/2003
Date

X A check in the amount of \$ 54.00 is attached for presentation of additional claim(s).
Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
37 C.F.R. § 1.136(a).

 A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17.
 Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

A duplicate copy of this sheet is enclosed.

 X The Under Secretary of Commerce for Intellectual Property and Director of the United States
Patent and Trademark Office is hereby authorized to charge payment of the following fees
associated with this communication or credit any overpayment to Deposit Account No. 02-2666
(a duplicate copy of this sheet is enclosed):


 X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of
extra claims.

 X Any extension or petition fees under 37 C.F.R. § 1.17.

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

Date: 5/1/03

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